

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7-29-04 2 Serial/Patent # 10/622,233

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition		<u>7-26-04</u>	\$ 130							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ 130								
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input type="checkbox"/>	Duplicate Payment		9 <table border="1"><tr><td>0</td><td>6</td><td>--</td><td>1</td><td>3</td><td>2</td><td>5</td></tr></table>		0	6	--	1	3	2	5
0	6	--	1	3	2	5					
<input checked="" type="checkbox"/>	No Fee Due (Explanation): <i>Proves we mailed Notice in error</i>										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Stacy Bradley</u>		TITLE: <u>Patent Att</u>									
SIGNATURE: <u>Stacy Bradley</u>		PHONE: <u>301-568-1735</u>									
OFFICE: <u>PTO/IN</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****											
APPROVED: <u>W. C. M.</u>		DATE: <u>8-2-04</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
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